Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 Phone: (510) 622-2288; Fax (510) 622-2585

January 25, 2008

Michael Oprendek, Director Solano County Health and Social Services 275 Beck Avenue, MS 5-250 Fairfield, CA 94533-6804

Dear Mr. Oprendek:

### AUDIT REPORT - CAMINAR, INC

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of Caminar, Inc., Solano County Contract Provider, for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 586,744
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	440,145
Overstatement of Net Program Cost (FFP)	\$ 146,599

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Michael Oprendek, Director January 25, 2008 Page 2

Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Shirley Castaneda SHIRLEY CASTANEDA, Supervisor

Audits - Northern Region

Enclosures

**CERTIFIED MAIL** 

### SOLANO COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: CAMINAR, INC. LEGAL ENTITY NUMBER: 00147

			Audit				
NET REIMBURSABLE MEDI-CAL PROGRAM COST		-	As Settled		Adjustments	As Audited	
FEDERAL - FFP	(Sch. 2)	\$	586,744	\$	(146,599) \$	440,145	
TOTAL HEALTHY FAMILIES FFP	(Sch. 2)		0		0	0	
TOTAL FFP		\$	586,744	\$	(146,599) \$	440,145	

# SOLANO COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: CAMINAR, INC. LEGAL ENTITY NUMBER: 00147

LEGAL ENTITY NUMBER: 00147					Audit	
Total Medi-Cal Gross Reimbursement			As Settled	-	Adjustments	As Audited
Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$	0	S	0 \$	0
Outpatient SD/MC	(MH 1968, Ln 11, 11A)	-	1,150,441	-	(295,593)	854,848
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0	0
9. Total		\$	1,150,441	\$	(295,593) \$	854,848
Less: Patient & Other Payor Revenues						
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		0		0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
<ol><li>Healthy Family Patient Revenue-I/P</li></ol>	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0	0
18. Total		\$ _	0	\$	0 \$	0
Medi-Cal Net Reimbursement for Direct Service						
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$	0	\$		0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)		1,150,441		(295,593)	854,848
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)		0	_	0	0
25. Total		\$ =	1,150,441	= \$	(295,593) \$	854,848
Medi-Cal MAA Reimbursement				_		
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$		0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0	0
28. Total		\$ =	0	<b>\$</b>	0 \$	0
Amount Negotiated Rates Exceed Cost	/MILLIOZO 1 20 20 A)	ø	0	đ	·	0
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A) (MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
30. Outpatient SD/MC (Incl Children Enhan)	, , , ,		0		0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39) (MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH 1968, Ln 40, 40A)		0		0	0
<ul><li>33. Healthy Families-I/P</li><li>34. Healthy Families-O/P</li></ul>	(MH 1968, Ln 40, 40A)		0		0	0
35. Total	(MH 1906, LII 40, 40A)	\$	0	_		0
Net Reimbursable Cost - FFP						
36. Direct Services	(MH1979, Ln 16, 16A)	\$	586,744		\$ (146,599) \$	440,145
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	-	0		0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		0		0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)		0	)	0	0
42. Total - FFP	<b>,</b> ,	\$	586,744		\$ (146,599) \$	440,145
Contract Maximum		\$	839,161	_	\$0 \$	839,161
Lower of Net Reimbursable Cost or Contract	Maximum	\$	586,744	1	\$ (146,599) \$	440,145
				-		(To Sch.1)

# SOLANO COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENTS COMMENTS AND RECOMMENDATIONS FISCAL PERIOD ENDED JUNE 30 2003

PROVIDER NAME:

CAMINAR INC.

PROVIDER NUMBER:

00147

CONTRACT NUMBER:

02-039

### FINDING – RECLASSIFICATION OF BOARD AND CARE COSTS

Our examination disclosed that the cost report submitted by Caminar to the County included adjustments of Salaries and Benefits 1 position, Food and Beverage, Utilities, Insurance, and Household Supplies costs of (\$61,784) in MH 1961. However, the cost report submitted by the County to the State Department of Mental Health on behalf of Caminar did not include this reclassification. Instead, all of the costs of Caminar were reported as attributable to the treatment program. The County could not provide documentation to support why the reclassification was eliminated from the cost report submitted to the State.

Listed below are a number of documents that contain requirements that states "Board and Care costs must be removed from treatment modes and reclassified to Mode 60, Service Function 40. After review of the records submitted by Caminar, the audit reclassified \$227,038 in Board and Care costs to the Support Services program in accordance with the following: (Please note that these adjustments are consistent with adjustments made in a report of Caminar's operations for fiscal year 1993-94 pursuant to a contract with San Mateo County wherein the provider concurred with the adjustments.)

- 1. California Administration Code, Title 9, Section 1840.312 which states in part as follows:
  - "The following services are not eligible for FFP
  - (a) Board and care means receipt of board, room, personal care and designated supplemental services related to individual needs.
  - (e) Board and Care costs for adult residential treatment services, crisis residential treatment services, and Psychiatric Health Facility Services."
- 2. Department of Mental Health Policy Letter No. 94-15 on cost report settlement policy, which states in part:
  - "Enclosure 1a, item 3 states that the board and care portion of residential program costs is not Medi-cal reimbursable. This change in policy is effective Fiscal Year 1993-94

# SOLANO COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENTS COMMENTS AND RECOMMENDATIONS FISCAL PERIOD ENDED JUNE 30 2003

- 3. Rehabilitation Option Manual stipulates that Board and Care costs are not included in the SD/MC reimbursable rate.
- 4. Non-reimbursable activities under Rehabilitation Option Manual include Board and Care costs for Adult Residential Treatment Services and Crisis Residential Treatment Services.
- 5. Excerpts from the State Department of Social Services manual of Policies and Procedures, General Licensing Requirements (Title 22, Division 6, Chapter 1) defining the following: (1) "community care facility", (2) "basic rate", (3) "basic services", (4) "care and supervision", (5) "social rehabilitation facility".
- 6. Letter from John Rodriguez, Deputy Director of Medical Care Services, to Mr. Lawrence L. McDonough, Associate Regional Administrator for Health Care Financing Administration Division of Medicaid.
  - This letter concerns a State Plan Amendment describing the policy and method used by the State to determine reimbursement for Short-Doyle/Medi-Cal (SD/MC) services. Item No.3 on page four of rates for adult residential services and adult crisis residential services. About half way through paragraph three is the following statement:

"Costs related to basic board and care, supervision, recreation, socialization, transportation, academic and work training, and other unallowable activities were excluded from the rate calculations."

This letter further supports the Department's adjustment eliminating those kinds of costs from the treatment program.

### RECOMMENDATION

We recommend that the provider and the County review and comply with the above-cited audit authorities, and report actual cost information to agree with its records. The cost report must adhere to the regulatory requirements, and all supporting documentation utilized in identifying the board and care costs must be properly kept and readily available for review.

### AUDITEE'S RESPONSE

No response was received from the Contractor.

# SOLANO COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENTS COMMENTS AND RECOMMENDATIONS FISCAL PERIOD ENDED JUNE 30 2003

# <u>FINDING – INACCURATE REPORTING OF MENTAL HEALTH</u> EXPENDITURES

Our examination disclosed that reported total mental health expenditures of \$1,596,022 neither tied to the submitted cost report prepared by Caminar nor it tied to the Caminar's general ledger and accounting records. The audited salaries and benefits of \$1,686,191 were understated by \$688,524. The County reported \$997,677 of salaries and wages and \$598,255 of Other Expenses. This resulted in total audited mental health expenditures of \$2,707,476.

### **AUDIT AUTHORITY**

Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304, Fiscal Year 2002-03 Cost Report Instructions

### RECOMMENDATION

We recommend that the Contractor refer to the cost report instruction manual which states that the mental health expenditures should report total gross expenditures of the contractor's trial balance. We also recommend that the County, on behalf of its providers, exercise due care in the preparation of the cost reports. This will ensure accuracy and reliability of the reported information.

### AUDITEE'S RESPONSE

No response was received from the Contractor.

Provide	r CAMINAR	INC .			Provider Number 00147		No. of Adj. F 25			Fiscal Period Ended June 30, 2003		
Report Reference				TWO ANATION OF AUDIT AD HIGHMENT	THE STATE OF A LIGHT AD LICTRACAITS		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	3	-						
				ADJUSTMENTS TO REPORTED COSTS								
1	MH 1960	1	А	MENTAL HEALTH EXPENDITURES		\$	997,667	\$	688,524	\$	1,686,191	
				To adjust salaries and benefits to agree with the provider's general	ledger.							
				CMS PUB. 15-1 SEC. 2304								
2	MH 1960	1	В	MENTAL HEALTH EXPENDITURES		\$	598,355	\$	422,931	\$	1,021,286	
				To adjust other expenses to agree with the provider's general ledge	er.							
				CMS PUB. 15-1 SEC. 2304								
3	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$	1,596,022	\$	1,111,455	\$	2,707,477	
				To adjust reported expenses to reflect adjustment numbers 1 and 2	2.							
				CMS PUB. 15-1 SEC. 2304								
4	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	1,534,237	\$	61,785	\$	1,596,022	
			PORT TO THE PROPERTY OF THE PR	To reverse County's medi-Cal adjustments for proper cost finding.								
				CMS PUB. 15-1 SEC. 2304, 2300						:		
		I _		ALLOWABLE COSTS FOR ALLOCATION		\$	1,534,237	\$	1,173,240	\$	2,707,477	
5	MH 1960	8	С	To adjust Direct Services in conjunction with audit adjustment num	hers 3 and 4		1. ,					
					bors o arra							
				CMS PUB. 15-1 SEC. 2304								
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.							Page 1 of 6	

Provide					Provider Number 00147	No. of Adj. 25				l Ended 2003
	CAMINAR				00147	As		Increase	T	As
Adj.	Report Re	terence		EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported		(Decrease)		Adjusted
No.	Sch.	Line	Col.				+		-	
				ADJUSTMENTS TO REPORTED COSTS						
6	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$ 1,534,237	\$	1,173,240	\$	2,707,477
				To adjust Direct Services in conjunction with audit adjustment ու	mbers 1 through 5.					
				CMS PUB. 15-1 SEC. 2304						
				ADJUSTMENTS TO ALLOCATION OF COSTS  TO MODES OF SERVICE						
7	MH 1964	3	A	OTHER 24 HOUR SERVICE (MODE 05 - ALL OTHER SFC)		\$ 792,622	\$	40,204	\$	832,826 *
				To adjust Laurel Creek Program Cost to agree with the contracto	r's record.					
				CMS PUB. 15-1 SEC. 2304					ŀ	
8 9	MH 1964 MH 1964	3 8	A A	OTHER 24 HOUR SERVICE (MODE 05 - ALL OTHER SFC) SUPPORT SERVICES (MODE 60)	**	\$ 832,826 0	\$	(184,681) 184,681	\$	648,145 184,681 *
				To adjust Laurel Creek Program's Board and Care cost to suppo	rt service.					
į				CMS PUB. 15-1 SEC. 2304						
10	MH 1964	5	A	OUTPATIENT SERVICE (MODE 15)		\$ 741,615	\$	24,602	\$	766,217 *
		Acceptance and a special property of the special prope		To adjust Rehabilitation Services Program and Y.A.T.P. program to agree with the contractor's record.						
				CMS PUB. 15-1 SEC. 2300						
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.						

Provide			-		Provider Number 00147	No. of Ad	j.		Fiscal F June	
	CAMINAR Report Re					As		1	Increase	As
Adj.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	j	(Decrease)		Adjusted
No.	Scn.	Line	COI.	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE						
11 12	MH 1964 MH 1964	5 8	A A	OUTPATIENT SERVICE (MODE 15) SUPPORT SERVICES (MODE 60)	**	\$ 766 \$ 184		\$	(247,981) 247,981	\$ 518,236 432,662 *
		•		To adjust SAIL and Y.A.T.P. Program support services cost to the proper cost center.						
				CMS PUB. 15-1 SEC. 2300						707 774 +
13	MH 1964	7	А	SUPPORT SERVICES (MODE 60)		\$ 432	662	\$	295,109	\$ 727,771 *
				To include 75% of Circle of Friends Program as support services	cost.					
				CMS PUB. 15-1 SEC. 2300						
14	MH 1964	7	Α	SUPPORT SERVICES (MODE 60)	***	\$ 727.	771	\$	323,268	\$ 1,051,039 *
				To include New Ventures Program Cost as Outreach cost.						
				CMS PUB. 15-1 SEC. 2300						
15	MH 1964	7	А	SUPPORT SERVICES (MODE 60)	**	\$ 1,051	039	\$	254,714	\$ 1,305,753 *
				To include Job Plus Program and Phoenix S.T.O.P. Program as support services.						
				CMS PUB. 15-1 SEC. 2300						
16	MH 1964	7	А	SUPPORT SERVICES (MODE 60)	**	\$ 1,305	753	\$	102,729	\$ 1,408,482
				To include 75% of Nueva Vida Program Cost as support services	cost.					
				CMS PUB. 15-1 SEC. 2300						
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.						

Provide	Provider  CAMINAR INC .			Provider Number 00147	No. of Adj. 25	1	Period Ended 30, 2003	
	Report Re					As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported	(Decrease)	Aujusteu
				ADJUSTMENTS TO ALLOCATION OF COSTS  TO MODES OF SERVICE	1			
17	MH 1964	6	А	OUTREACH SERVICES (MODE 45)		\$ 0	\$ 98,370	\$ 98,370 *
				To include 25% of Nueva Vida Program Costs as outreach cost.  CMS PUB. 15-1 SEC. 2300				
18	MH 1964	6	А	OUTREACH SERVICES (MODE 45)	*	\$ 98,370	\$ 34,243	\$ 132,613
				To include 25% of Circle of Friends Program cost as Outreach of	ost.			
			_	CMS PUB. 15-1 SEC. 2300 OUTPATIENT SERVICE 15-01		\$ 201,355	\$ (66,756)	\$ 134,599
19 20 21	MH 1966A MH 1966A MH 1966A	3 3 3	B C D	OUTPATIENT SERVICE 15-10 OUTPATIENT SERVICE 15-70 TOTAL OUTPATIENT SERVICE		\$ 571,591 2,319 \$ 775,265	(189,503) (769) \$ (257,028)	382,088 1,550 \$ 518,237
				To distribute audited Direct Services costs (Medi-Cal Modes) to Services using the Relative Value method based on Published C	Outpatient Charges.			
				CMS PUB. 15-1 SEC. 2304				
				ADJUSTMENTS TO REPORTED TOTAL UNITS	<u> </u>			
22 Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A	2	B B C D	TOTAL UNITS 05-45 TOTAL UNITS 15-01 TOTAL UNITS 15-10 TOTAL UNITS 15-70 TOTAL		3,101 113,760 250,698 680 368,239	59 0 0 0 0 59	3,160 113,760 250,698 680 368,298
				To adjust total units to agree with the provider's records.				
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide					Provider Number 00147	No. of Adj. 25		eriod Ended 30, 2003
	CAMINAR Report Re				1	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS	<u>s</u>			
Info. Info. Info.	MH 1966A MH 1966A MH 1966A	9	TOTAL TOTAL TOTAL	TOTAL MEDICAL UNITS 51.40% TOTAL MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%		66,309 0 66,309	0 0	66,309 0 66,309
23 Info. Info.	MH 1966A MH 1966A MH 1966A		Total Total Total	TOTAL MEDICAL UNITS 52.18% TOTAL MEDI/MEDI UNITS 52.18% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 52.18%		259,133 0 259,133	1 0 1	259,134 0 259,134 *
Info. Info. 24 Info.	МН 1966А МН 1966А МН 1966А МН 1966А	8 8A	TOTAL TOTAL TOTAL TOTAL	To adjust Medi-Cal and Medi/Medi units to agree with the State I of Mental Health Summary of Approved claims. Copies of workp adjustments by service functions have been provided to the coun MH 1970 worksheets, which reflect the units for the three (3) rein TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	apers detailing nty. See the	66,309 66,309 259,134 325,443	0 0 (1) (1)	66,309 * 66,309 * 259,133 * 325,442
Info.	MH 1966A		TOTAL	To adjust Medi-Cal and Medi/Medi units to agree with County re workpapers detailing adjustments by service functions have provided MH 1970 worksheets, which reflect the units for the three (is reimbursement periods.  TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	rided to the county.	66,309 259,133	0	66,309 259,133
Info. Info.	MH 1966A MH 1966A	8A 8+9	TOTAL TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 52.18% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS  To adjust Medical and Medi/Medi units to the lesser of the State of Mental Health Summary of Approved Claims report or County Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.	Department records.	325,442	0	325,442
				<ul> <li>* Balance carried forward to subsequent adjustment.</li> <li>** Balance brought forward from prior adjustment.</li> </ul>			<u> </u>	Dago F of 6

Provide	r CAMINAR	. INC .			Provider Number 00147	No. of Adj. 25		eriod Ended 30, 2003	
	Report Re	ference		THE STATE OF A LICENSES	ITC	As Reported	increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	113	reported	(	,	
				ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT					
25	MH1979	23	J	TOTAL SD/MC REIMBURSEMENT - COUNTY PROVIDERS		\$ 586,744	\$ (146,599)	\$ 440,145	
				To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs and units of service/time.	ne				
	:								

# CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SOLANO County Code: 48

	Legal Entity: CAMINAR INC .	A	В	С
Le	gal Entity Number: 00147	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	1,686,191	1,021,286	2,707,477
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,686,191	1,021,286	2,707,477
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			2,707,477
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			<u> </u>
17	Research and Evaluation (County Only)			
L				
18	Mode Costs (Direct Service and MAA)			2,707,477
[19]	Total Costs - Lines 9 through 18			2,707,477

# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

### **DEPARTMENT OF MENTAL HEALTH**

Fiscal Year 2002-2003

County: SOLANO

County Code: 48

Legal Entity: CAMINAR IN	IC .	Α	В	С
Legal Entity Number: 00147		Salaries		Total
		and Benefits	Other	Adjustments
1 Salaries/Benefits (1 position)		(30,200)		(30,200)
2 Food & Beverage			(23,067)	(23,067)
3 Utilities			(3,024)	(3,024)
4 Insurance			(2,010)	(2,010)
5 Hosehold Supplies			(2,484)	(2,484)
6				
7 Adjustments:				
8 To reverse Food and Beverage		30,200		30,200
9 To reverse UtilitiesCost to prope			23,067	23,067
10 To adjust to Hosehold Supplies			3,024	3,024
11 To adjust to Insurance Cost to p	roper mode		2,010	2,010
12			2,484	2,484
13				
14				
15				
16				
17				*
18				
19				
20 Total Adjustments		0	0	0

### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SOLANO County Code: 48

	Legal Entity: CAMINAR INC .	А
Le	gal Entity Number: 00147	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	2,707,477
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	648,145
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	518,237
6	Outreach Services (Mode 45)	132,613
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	1,408,482
9	Total - Lines 2 through 8	2,707,477

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SOLANO County Code: 48

	County Code: 48			CR					
	Legal Entity: CAMINAR INC .		A	В	С	D	E	F	G
Le	gal Entity Number: 00147		1	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (A	II Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
				45					ļ <u>.</u>
1	Allocation Percentage		100.00%	100.00%				ļ <u>.</u>	<u> </u>
2	Total Units			3,160					ļ
3	Gross Cost		648,145	648,145	************	<u> </u>	<u> </u>		
4	Cost per Unit			205.11	************				1
5	SMA per Unit			267.20					
6	Published Charge per Unit	······································		267.20					1
7	egotiated Rate / Cost per Unit								
22.27					*,*,*,*,*,*,*,*,*,*,*,	2223232223232	0.0000000000000000000000000000000000000		
8	Medi-Cal Units	07/01/02 - 09/30/02		511		<u> </u>			<u> </u>
8A		10/01/02 - 06/30/03		1,411					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	Trical day of vice and discount of the	10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	Citianoed Oblivio (Official City Official	10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	Treating Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,238					
		107/04/03 00/20/03	104.844	17,71,000,000,000,000,000	NECESSIONES			<u>araaraa aa aa</u>	
13	Medi-Cal Costs	07/01/02 - 09/30/02	104,811	104,811					<del> </del>
13A		10/01/02 - 06/30/03	289,409	289,409				ļ	<del> </del>
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	136,539	136,539			·	ļ	
14A		10/01/02 - 06/30/03	377,019	377,019					ļ
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	136,539	136,539					
15A		10/01/02 - 06/30/03	377,019	377,019					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17		07/01/02 - 09/30/02			Contract Con		****************		<u> </u>
17A	/ledicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
	·								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03				<del>utha a ra ca a ca a ca a</del>			TUTO-1-1-1-1757
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A	Ethianced SD/MC Costs	10/01/02 - 06/30/03							
22	Established COMAC CMAC I leave limite	07/01/02 - 09/30/02							
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
23	5 1	07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03		<del></del>					
24		07/01/02 - 09/30/02							
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
				<del>11000010000</del> 2		<del>2002200000</del>			<u> </u>
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02			state of detailed	oranie i de la constante de la		4-14-1-1-1-1-1-1-1-1	<u> </u>
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30		07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits								
		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							~
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
						1			
32A	and the second s	10/01/02 - 06/30/03	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>anaman</del> ta		+2+1+1+1+1+1+1+1+++++++++++++++++++++++	(1) (1) (1) (1) (1)		

DETAIL COST REPORT

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### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SOLANO

33 Non-Medi-Cal Costs

	County: SOLANO			CD	CB	CD			
	County Code: 48			CR	CR	CR		,	
	Legal Entity: CAMINAR INC .		A	В	C	D_	E	F.	<u>G</u>
<u>Le</u>	gal Entity Number: 00147			Service	Service	Service	Service	Service	Service
L	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
			100.000	01	10	70			
1	Allocation Percentage		100.00%	25.97%	73.73%	0.30%			
2	Total Units		540.007	113,760	250,698	680			
3	Gross Cost	<del>*************************************</del>	518,237	134,599	382,088	1,550	vanta illimete illinos	-1476-1414-1414-1414	
4	Cost per Unit			1.18	1.52	2.28			T
5	SMA per Unit			1.77	2.28	3.41			
6	Published Charge per Unit			1.77	2.28	3.41			
7	Negotiated Rate / Cost per Unit								
2		07/01/02 - 09/30/02		20,521	44,732	545		21212111111111111	100000000000000000000000000000000000000
8	Medi-Cal Units				181,422				<del> </del>
8A		10/01/02 - 06/30/03		76,165	101,422	135			<del> </del>
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							<del></del>
9A		10/01/02 - 06/30/03				-		<u> </u>	<del></del>
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							<u> </u>
11A	·	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			17,074	24,544				
40		07/01/02 - 09/30/02	93,698	24,280	68,176	1,242			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
13	Medi-Cal Costs	10/01/02 - 06/30/03	366,930	90,117	276,505	308			<del> </del>
13A									<del> </del>
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	140,170	36,322	101,989	1,858			<del></del>
14A		10/01/02 - 06/30/03	548,915	134,812	413,642	460			ļ
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	140,170	36,322	101,989	1,858			
15A		10/01/02 - 06/30/03	548,915	134,812	413,642	460			
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A	The contract of the contract o	10/01/02 - 06/30/03							
17	edicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	L-2	. * * * * * * * * * * * * * * * * * * *	***************	<del></del>			
17A		10/01/02 - 06/30/03		<del></del>	<del></del>	+			<del></del>
		07/01/02 - 09/30/02							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
18A									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03			<del> </del>				
21	<u>a taga kenangan pada kenangan kenangan bahan bahan</u> Tagan kenangan bahan	07/01/02 - 09/30/02	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				******	<del></del>	
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03							
22		07/01/02 - 09/30/02			<del></del>				
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
22		07/01/02 - 09/30/02				<del></del>			
23	Enhanced SD/MC Published Charges								
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			<u></u>				
		07/01/02 - 06/30/03							
		07/01/02 - 06/30/03							
		07/01/02 - 06/30/03			-				
1000	The state of the s		maragaman).			ella managan a	أستحسب	<u> Annangan</u>	
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A	,	10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A	readily rathines own copper Entites	10/01/02 - 06/30/03							
31	Hagithy Esmilian Dublished Characa	07/01/02 - 09/30/02							
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Lander Familia Name	07/01/02 - 09/30/02							
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03							
				***************	TO CONTRACTOR OF THE			150-150-200-200-200-200-	<del> </del>

20,202

37,407

57,609

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: SOLANO County Code: 48

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	Legal Entity: CAMINAR INC .	Α	В	С	D	E	F	G
Le	gal Entity Number: 00147		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	20				
1	Allocation Percentage	100.00%	74.18%	25.82%				
2	Total Units		1	1				
3	Gross Cost	132,613	98,370	34,243				
4	Cost per Unit		98,369.98	34,242.99				
5	Non-Medi-Cal Units		1	1				
6	Non-Medi-Cal Costs	132,613	98,370	34,243		<u> </u>		

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

County: SOLANO

County Code: 48 CR CR CR CR CR CR Legal Entity: CAMINAR INC С В D E Α F G Legal Entity Number: 00147 Service Service Service Service Service Service Mode: 60 - Support Mode Total Function Function Function Function Function Function 40 60 61 62 63 64 Allocation Percentage 100.00% 13.11% 17.61% 7.82% 10.27% 22.95% 7.29% Total Units

**Gross Cost** 247,981 1,408,482 184,681 110,080 323,268 144,634 102,729 Cost per Unit 184,680.97 247,980.96 110,079.98 323,267.95 144,633.98 102,729.00 Non-Medi-Cal Units (Same as Line 2) Non-Medi-Cal Costs (Same as Line 3) 1,408,482 184,681 247,981 110,080 323,268 144,634 102,729

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

County: SOLANO County Code: 48

CR

	Legal Entity: CAMINAR INC .	H	1	J	K	L	M	N
Le	egal Entity Number: 00147	Service	Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Function	Function	Function	Function	Function	Function	Function
		65						
1	Allocation Percentage	20.95%						
2	Total Units	1						
3	Gross Cost	295,109						
4	Cost per Unit	295,108.95						
5	Non-Medi-Cal Units (Same as Line 2)	1						
6	Non-Medi-Cal Costs (Same as Line 3)	295,109	14941444444444444444		1+	82 42 3 2 4 9 4 9 4 9 5 9 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

## DETERMINATION OF SDIMC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

County: SOLANO County Code: 48				REIMBURS	EMENT TYPE	PC		Costs		1	Costs	1
Legal Entity: CAMINAR INC.		A	В	С	D	I E	F	G	Н	1 1	J	K
Legal Entity Number: 00147		$\dashv$	Mode 55		Total	Total Inpatient				Total Outpatient		Total Outpatient
		0.51-04-00	S. F.'s 11-19,	S E 15 21 22	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude	Mode 15 Program (2)	(Col. I + Col. J)
1 Medi-Cal Costs	07/01/02 - 09/30/02	S. F.'s 01-09	31-39	S.F.s 21-29		поѕрцаі	104,811		93,698			198,509
1A	10/01/02 - 06/30/03 07/01/02 - 09/30/02					<del> </del>	289,409 136,539		366,930 140,170	656,339 276,709		656,339 276,709
2A Medi-Cal SMA	10/01/02 - 06/30/03						377,019		548,915	925,934		925,934
3 Medi-Cal P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03						136,539 377,019	<del> </del>	140,170 548,915			276,709 925,934
4 Medi-Cal N. R.	07/01/02 - 09/30/02						0,7,070			020,00		320,00
4A	10/01/02 - 06/30/03									4000000000		101111111111111
5 Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02 10/01/02 - 06/30/03						104,811 289,409	<del> </del>	93,698 366,930	198,509 656,339	+	198,509 656,339
	07/01/02 - 09/30/02											
6A Medicare/Medi-Cal Crossover Cost	10/01/02 - 06/30/03											
7 Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03	+					<del> </del>	-	-		<del> </del>	-
8 Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
9 Medicare/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
9A Medical e/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03							Constitution of				
10 Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
10A	07/01/02 - 09/30/02						104,811		93,698	198,509		198,509
11 Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03						289,409		366,930	656,339		656,339
12 Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02						*.*2*2*.*.*282828		1			<u>alaislatatatatatata</u>
12A	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
13 Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03											
14 Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03									<del> </del>		
15 Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
[15A]	10/01/02 - 06/30/03					354445444462	tata fata Esta tata ha	Garaga ayan	turu (Srururus) (Si	000000000000000000000000000000000000000		general construction
16 Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	-										
17 Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03					The second sections	14741414141414141		10,0177,000,017			
18 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19 Enhanced SD/MC (Refugees) P. C. 20 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03									<b></b>		
21 Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						104,811	<u> </u>	93,698	198,509		198,509
21A (Excludes Refugees)	10/01/02 - 06/30/03						289,409		366,930	656,339		656,339
22 Ennanced SD/WC (Refugees) Gross Reim.	07/01/02 - 06/30/03						20022770000		110011000000	((*************************************		<u> </u>
23 Healthy Families Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03										<del>                                     </del>	
24 Healthy Families SMA	07/01/02 - 09/30/02											
24A Healthy Families P. C.	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
25A	10/01/02 - 06/30/03 07/01/02 - 09/30/02											
26 Healthy Families N. R.	10/01/02 - 06/30/03											
27 27A Healthy Families Gross Reim.	07/01/02 - 09/30/02						1414.41414141414141		<u> </u>		81 (1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
Less: Patient and Other Payor Revenues	10/01/02 - 06/30/03										**************	
100	07/01/02 - 09/30/02	1		<del></del>			12122111111111111	111111111111111111111111111111111111111	111111111111111111			
28A	10/01/02 - 06/30/03											
		111111111111										
30 Enhanced SD/MC (Refugees) Revenues 31 Healthy Families Revenues						4-1-1-1-1-1-1-1-1		***********	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
32 Total Expenditures from MAA (Mode 55) 33 Medi-Cal Eligibility Factor (Average)												
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA			garagitan).									
35 Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02		.;;;:::::::::::::::::::::::::::::::::::				104,811	,=1-1-1-11-1-1	93,698	198,509		198,509
35A Net Due - Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03						289,409	-	366,930	656,339		656,339
37 Net Due - Healthy Families	07/01/02 - 09/30/02									7		
- 4 こもことはしてもことにはことではことではことにはことにはなった。ことにはことにはことにはことにはことにはなってはことにはことには	10/01/02 - 06/30/03							4				
Amount Negotiated Rates Exceed Costs	07/01/02 - 09/30/02	1										
38 SD/MC (Includes Children) 38A 39 Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03							***************************************				
	07/01/02 - 09/30/02											
40 Healthy Families	10/01/02 - 06/30/03											

### **DEPARTMENT OF MENTAL HEALTH**

### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SOLANO County Code: 48

Legal Entity: CAMINAR INC .

Legal Entity Number: 00147	Α	В	С	D	E	F	
Data Type	Net Direct Costs		FF	P	Effective		
Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars	FFP%		
Source	MH1970s         MH           Column N         Column Q         Column R		MH19	970s	Calculated		
			Column R	Column U			
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)							
2 05 - Other 24 Hour Services (All Other SFC)	104,811	289,409	53,873	149,183			
3 10 - Day Services					54-24 (1984-1974) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984)	于一种 <b>发展的发展</b> 的显示	
4 15 - Outpatient (Program 1)	93,698	366,930	48,161	188,928			
5   15 - Outpatient (Program 2)							
6 Totals	198,509	656,339	102,034	338,111			
7 Totals from MH1979	198,509	656,339	102,034	338,111		trojen i preside	
8 Effective SD/MC FFP %		The Paris of the	Mitores (1904)	and the second	51.40%	51.51%	

### DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

FFP % County: SOLANO Source: Source: County Code: 48 MH1978 E8 MH1978 F8 Legal Entity: CAMINAR INC Α В F G Legal Entity Number: 00147 Total Total Total 50% 51.40% 51.51% Variable % 75% Total MAA FFP FFP FFP FFP Inpatient Outpatient Total FFP FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement Contract Provider Medi-Cal Direct Service Gross Reimbursement Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit 4 5 Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement Healthy Families Administrative Reimbursement Limit Healthy Families Administration 9 10 Healthy Families Administrative Reimbursement SD/MC Net Reimbursement for MAA Medi-Cal Admin. Activities Svc Functions 01 - 09 Medi-Cal Admin, Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 15 Other SD/MC Utilization Review (County Only) 198,509 16 07/01/02 - 09/30/02 198,509 102,034 102,034 SD/MC Net Reimbursement for Direct Services 16A 10/01/02 - 06/30/03 656,339 656,339 338,111 338,111 17 07/01/02 - 09/30/02 Enhanced SD/MC Net Reimb. (Children) 17A 10/01/02 - 06/30/03 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 440,145 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP) 440,145 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 440,145 07/01/02 - 09/30/02 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 25 Total Healthy Families Reimbursement Before Excess FFP 26 Amount Negotiated Rates Exceed Costs - Healthy Families 27 Total Healthy Families Reimbursement